## **Breast and Cervical Cancer Treatment Program (BCCTP)**

#### General

The Breast and Cervical Cancer Treatment Program (BCCTP) provides full scope, no share-of-cost (SOC) Medicaid (Medi-Cal in California) benefits to uninsured women under age sixty-five (65) who are United States citizens/nationals or lawful immigrants and who are screened through an authorized screening provider and found in need of treatment for breast and/or cervical cancer, including some precancerous conditions. Those who are otherwise eligible but who do not have Satisfactory Immigration Status (SIS) shall receive restricted scope benefits under the State-funded BCCTP. The BCCTP is administered by the California Department of Health Care Services located in Sacramento.

In compliance with the federal Deficit Reduction Act (DRA) 2005, U.S. citizens/nationals applying for full-scope benefits under the BCCTP must provide original proof or certified copy of citizenship and identity documents. The requirements do not apply to individuals at the time accelerated enrollment is established for the BCCTP. However, evidence of citizenship and identity must be provided when on-going Medi-Cal eligibility is determined or at time of annual redetermination.

A BCCTP applicant/beneficiary may satisfy the requirement by mailing the documents to the Sacramento BCCTP office or having the original or certified copies inspected by the Sacramento BCCTP unit, a county social service office, Federal Qualified Health Centers (FQHCs) or Disproportionate Share Hospitals (DSHs).

This section describes the responsibilities that the BCCTP unit has in the DRA process. Additionally, it describes the county's responsibilities upon receiving an original or certified copy of a citizenship or identity document for a BCCTP applicant/beneficiary. ACWDL 08-25

## Breast and Cervical Cancer Treatment Program (BCCTP),

Continued

#### BCCTP Responsibilities

The Sacramento BCCTP unit shall be responsible for:

- Sending letter of information (BCCTP DRA Notice) to BCCTP applicants and beneficiaries explaining the process, timeline, good faith effort requirements and instructing them on what they need to do to comply as well as any consequences for non-compliance.
- Informing BCCTP applicants and beneficiaries if they are exempt from the documentation requirements or if a California birth record was found.
- Instructing BCCTP applicants and beneficiaries to present a copy
  of the letter concerning the DRA requirements to the county or
  other selected provider. BCCTP will provide a postage paid
  envelope to applicants and beneficiaries to use to return the DHCS
  0005-Receipt of Citizenship and Identity Documentation form and
  copies of documentations.
- Serving as a point of contact for all DRA and program related questions for BCCTP applicants/beneficiaries.
- Receiving copies of the DHCS 0005 and the BCCTP applicant's/ beneficiary's documentation from the counties, FQHCs or DSHs.
- Determining if the documentation is on the list of acceptable DRA documents.
- Issuing DHCS 0011-Proof of Receipt of Citizenship and Identity Document to the BCCTP applicant or beneficiary upon a determination that the documents are acceptable.
- If documents are not returned, determining if the applicant or beneficiary is making a good faith effort to provide documentation and will inform the individual on what is needed in meeting the requirements and where to obtain the documentation.
- Noting in the file concerning the specifics of good faith effort, including dates.
- Requesting proof of good faith and continue case as appropriate.
- Sending notice to the client as to the action to be taken if documentation is not provided and transfer the case to State funded BCCTP and limited scope Medi-Cal benefits as necessary.
- Performing all Medi-Cal Eligibility Data System (MEDS) transactions to indicate that citizenship and or identity documentation was provided.

## Breast and Cervical Cancer Treatment Program (BCCTP),

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County Responsibilities ACWDL 08-25 allows for all BCCTP applicants and beneficiaries to submit originals or certified copies of their citizenship and identity documents at any county social service office, regardless of county of residence. The county shall be responsible for reviewing the citizenship/identity documents to determine that they are originals or copies certified by the issuing agency and forwarding copies of the documents to the BCCTP unit. The county will NOT determine whether documents submitted are on the list of acceptable DRA documents.

Staff are required to take the following actions:

Step	Action		
1	Determine if the individual is a BCCTP applicant/beneficiary		
	as follows:		
	If the individual	Then	
	States that she is in the BCCTP	Proceed to Step 2	
	Presents a copy of the BCCTP DRA notification letter		
	Does not indicate that she is in BCCTP	Clear MEDS and proceed to Step 2 if client shows active with BCCTP aid codes of <b>0N</b> , <b>0P</b> , <b>0U</b> , or <b>0V</b> .	
2	Review the documents and determine that they are originals		
	or copies certified by the issuing agency		
3	Make a photocopy of the original or certified citizenship and/or identity (CIT/ID) documents		
4	Complete and sign the DHCS 0005 form for each CIT/ID		
		BCCTP applicant/beneficiary	
5	Return the original documents to the individual		
6	Provide the individual with a copy of the completed and signed DHCS 0005 form(s).		

# **Breast and Cervical Cancer Treatment Program (BCCTP),**Continued

County Re-Sponsibilities (continued)

Step	Action	
7	Mail or fax copies of the documents and DHCS 0005 form(s to the BCCTP unit	
	Fax Transmissions: Department of Health Care Services ATTN: Breast and Cervical Cancer Treatment Program-DRA Fax number: (916) 552-9440	
	United States Mail: Department of Health Care Services Breast and Cervical Cancer Treatment Program – DRA MS 4611 P.O. Box 997417 Sacramento, CA 95899-7417	
	If faxing, a phone call must be made to (800) 824-0088 prior to faxing to comply with Health Insurance Portability and Accountability Act (HIPAA).	
8	File copies of the documents viewed and the signed DHCS 0005(s) in the FRC designated centralized location.	

Additionally, if the BCCTP applicant/beneficiary has questions regarding the BCCTP, including any that are related to the DRA requirements, refer her to the Eligibility Specialist (ES) identified on the BCCTP DRA Notice or the BCCTP toll-free number at (800) 824-0088.